

Ohio Behavioral Health Workforce Expansion Agreement

STUDENT COMMITMENT LETTER FOR COMMUNITY BEHAVIORAL HEALTH CENTER PLACEMENT

١,	(Student Name) have been selected
by	(College/University) to receive funding for
my	participation in and satisfactory completion of the pre- and post-graduation Ohio Behavioral Health
Wo	rkforce Expansion program. My field placement will be in a home and community based behavioral
hea	lthcare setting, and it will be a prerequisite for graduation with degree. By signing this letter, I herein
com	nmit to completing a field placement working directly with home and community-based
hea	Ithcare providers. My field placement will involve experiential training that offers participation in
esta	ablished interprofessional and integrated health teams.

Eligibility

I attest that I am an Ohio resident who is within two years of graduating with a degree or certificate in Social Work, Marriage and Family Therapy, Mental Health Counseling, Psychiatric/Mental Health Nursing, and Substance Abuse/Addiction Counseling at one of Ohio's two- and four-year colleges and universities.



In consideration for the receipt of the Ohio Great Minds Fellowship funds, I agree to or attest that the following terms are true:

I agree to complete my entire inte	rnshin(s) at a qualifying CBHC		
I agree to complete my entire internship(s) at a qualifying CBHC.			
Upon graduation, CBHC for one year.	(insert expected graduation date)	I agree to work at a qualifying	
I agree to the allowable use of funds as outlined.			
I agree that if I fail to complete the internship and or the commitment of post graduate work, I may be required to return the funds to the state.			
rould I withdraw from the academic program (or if I am involuntarily withdrawn) prior to my ojected graduation date, I may forfeit a portion of my funds or I may be required to repay a orated portion of my fellowship.			
Student Name	Signature	Date	
	I agree to the allowable use of fun I agree that if I fail to complete the may be required to return the fun Should I withdraw from the acade projected graduation date, I may f prorated portion of my fellowship	CBHC for one year. I agree to the allowable use of funds as outlined. I agree that if I fail to complete the internship and or the commitment may be required to return the funds to the state. Should I withdraw from the academic program (or if I am involuntarily projected graduation date, I may forfeit a portion of my funds or I may prorated portion of my fellowship.	

Using the space provided, please answer the following questions:

Why are you applying for this scholarship?
Why are you interested in working in the Human Services/Chemical Dependency Field?
What experience do you have?